

Substitute for form 1449/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				Application Number	10/589,067
				Filing Date	
				First Named Inventor	Garren, Hideki
				Art Unit	Not Yet Assigned
				Examiner Name	Not Yet Assigned
Sheet	1	of	1	Attorney Docket Number	021686-000910US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-5948764	09-07-1999	Gaur et al.	
	AB	US-20020037848	03-28-2002	Eisenbach-Schwartz et al.	
	AC	US-6630168 B2	08-16-2005	Strominger et al.	
	AD	US-7070780 B2	07-04-2006	Steinman et al.	
	AE	US-			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
	AF					<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS						
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.				T <sup>2</sup>
	AG	RUIZ, et al., "Immunomodulation of Experimental Autoimmune Encephalomyelitis with Ordered Peptides Based on MHC-TCR Binding Motifs," <i>The Journal of Immunology</i> , September 2001, Vol. 167, pp. 2688-2693.				<input type="checkbox"/>
	AH					<input type="checkbox"/>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.